*		DESI AVAILABLE COPY 09/82/35												
	PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000							Application of Docket Number 19827357						
٤	٠		CLAIMS A	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
	TOTAL CLAIMS							R	TE	FEE	1	RATE	FEE	
	FC)R		NUMBER FILED		NUMBER EXTRA		BAS	C FEE	355.00	OR	Basic Fee	710.00	
	TC	OTAL CHARGEA	BLE CLAIMS	minus 20=		•	8		9=		OR	X\$18=		
	INDEPENDENT CLAIMS			minus 3 =					10=		OR	X80=		
	MULTIPLE DEPENDENT CLAIM P					_			35=		OR	+270=		
	* If the difference in column 1 is less than zero, a				5		TO	TAL		OR	TOTAL			
وَ	CLAIMS AS AMENÓÉD - PART II (Column 1) (Column 2) (Column 3) (Column 3) (Column 3) (Column 3)							SM	OTHER THAN SMALL ENTITY OR SMALL ENTITY					
	AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
		Total	· 28	Minus	··2	9	-/-	XŞ	9=		OR	X\$18=		
		Independent FIRST PRESE	NTATION OF MI	Minus JLTIPLE DEF	ENDEN	CLAIM	 - /	X4	0=	·	OR	X80=		
		<u></u>				-	/	+1:	35=		OR	+270=	·	
								ADDIT	OTAL FEE		OR,	TOTAL ADDIT, FEE		
	_	LOSSON VIII	(Column 1) CLAIMS	146/04/64	(Colur HiGH	nn 2) .	(Column 3)							
	AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE	
		Total	·dle	Minus ·	··á	<u>/X_</u>	= /	Xs	9=			X\$18≠	/	
		Independent	· 4	Minus	***	4	= /	X4	0=		OR	X80=	/	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13		/		. 270	/	
			•					L	OTAL	/ .	OR OR	+270= YOYAL	/	
			(Column 1)		10ab-	nn 21	(Caluma of	ADDIT	FEE		U	ADDIT. FEE	1	
v			CLAIMS	11511666	(Colun		(Column 3)				_			

PRESENT PREVIOUSLY AFTER **EXTRA** AMENDMENT PAID FOR Total Minus Independent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE TIONAL TIONAL RATE FEE FEE X\$ 9= X\$18= OR X40= X80= OR +135= +270= OR TOTAL ADDIT. FEE

ADDI-

ADDI-

REMAINING

If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

NUMBER

FORM PTO-675 (Rev. 8/00)